

# Delinquency in Women

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OBSERVATIONS IN THIS PAPER are based upon the psychiatric study over the past five years of approximately a thousand women in the state of California convicted of one or more felonious offenses. For the most part they were observed at the California Institution for Women, the only California state correctional institution receiving adult female offenders. The author is a part-time consulting psychiatrist there.

The institution has approximately 400 inmates ranging in age from the second decade to old age. All are convicted of felonies from petty theft with prior conviction through the gamut of human delinquent behavior, including forgery, grand theft, burglary, robbery, arson, and murder. Under California law the inmates are received on indeterminate sentences, varying with the offense, and the actual duration of term is fixed by an Institution Board following a period of institutional residence.

Consideration of this group is given in terms of etiological factors, patterns of offenses, the institution program and parole.

## ETIOLOGICAL FACTORS

Etiological factors may be considered in five general categories: (1) Basic defects in early family relationship; (2) aberrant psychological states, including deviations sufficient in degree to indicate the diagnosis of actual mental illness, and including, as well, states of mental deficiency; (3) physical factors; (4) general environmental factors; (5) specific environmental factors.

The incidence of basic defects in early family relationships in the lives of the delinquent women studied was so high as to be considered almost universal for the group. General parental neglect and lack of supervision, parental delinquency, parental alcoholism, parental mental illness and parental incompatibility are deleterious factors frequently described, as are low parental cultural and sociological standards, parental oversolicitude, stern and aloof parental direction, and parental rejection.

These factors in the early lives of women delinquents often are present in very full degree. They, and other similar elements, often are particularly emphasized in the presence of parental divorce and the subsequent advent of a step-parent.

• *From observation of some 1,000 women who were committed to a California correctional institution because of felonious offense it was concluded that:*

1. *Delinquency results from certain identifiable factors, particularly basic defects in early family relationships, various aberrant psychological states including many forms of mental illness; physical illness or injuries, particularly those producing brain damage and resulting in abnormal psychological conditions; general environmental factors, and specific environmental factors.*

2. *Certain personality-types and certain life-environmental situations appear to be associated with certain patterns of offenses.*

3. *Correction and rehabilitation may be achieved to a greater degree as correctional institution treatment programs are increasingly implemented with psychiatric personnel, and as increased guidance and support are made available through parole divisions.*

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An illuminating related quotation, from an "in-correctible" adolescent: "My father, he actually isn't any good. I can't respect him. I suppose, of course, I like him, because he is my father, but as a person I don't like him at all. Mother's o.k., but she isn't very affectionate. Even if I hadn't seen her for two years, I could walk in and it would just be, 'Oh, hello, there.' They never keep their promises. Yet I can't ever be mad at them. I keep going back for more. I can reason things out with anything but my family."

The parents of whom she spoke are divorced. Her husband is in San Quentin prison. She is 19, intelligent, pretty, and she had become addicted to heroin and had participated in burglary.

Aberrant psychological states likewise are often present in delinquent women. They were of variable degree and were clearly related to the commission of the delinquent act, sometimes specifically, and in some cases generally in that they had contributed to the formation of a total life situation which caused seriously delinquent behavior to become inevitable.

Mental deficiency is not common, but where it is present the concomitant factors are easy suggestibility, lack of judgment, feelings of rejection and

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the need to win acceptance—factors which lead directly to delinquency through the influence of delinquent companions.

Psychotic states occur rather rarely, but when present are often considered, as might be expected, to be intimately connected with the commission of the offense. Psychoneurosis is common. Post-traumatic and postencephalitic personality disorders constitute a continuing problem. Sexual deviations and the symptom complex that has been designated by the term "personality disorder" likewise are of high incidence.

Most of the women who do not have any of these more or less specific conditions have various combinations of personality defects which, while not single diagnostic entities, often motivate behavior in the direction of the social failure of delinquency. Among such defects are dependence, general inadequacy, immaturity, intermittently repressed resentment, antisocial aggressiveness and easy loss of adequate emotional control.

Alcoholism and narcotic addiction, arising earlier as corollaries of these states of maladjustment, may contribute additional pressure toward delinquency, while a toxic substance, usually alcohol, frequently is of immediate influence in the commission of felonious offense.

Physical factors alone, other than the physical illness producing brain damage or occurring in conjunction with addiction, are not high-ranking etiological determinants. Occasionally, chronic illness may contribute to the creation of special need with an effort to seek a solution through (usually) a non-violent offense such as burglary or forgery. More important are the long-time reactions of persons ostensibly handicapped by the presence of physical abnormalities like obesity, scars, tallness or shortness, a large nose, or big ears.

General environmental factors are of considerable importance. While endogenous factors appear to make the primary contribution to delinquent behavior, exogenous environmental factors certainly in many instances provide the example or supply the incentive without which many delinquent acts would not occur.

An environment of associates whose influence is directly toward delinquency is important in causing a woman who otherwise might not do so to commit a delinquent act. The associate may be a casual neighborhood acquaintance, a lover, a homosexual friend or a husband inclined to delinquency. But, most importantly, there often must be, in addition, a general lack of reasonable environmental security, and particularly the absence of any person accepted by the potential offender as offering warm confidence and counsel. Financial stress, loss of work, lack of occupation, gambling, alcoholism and nar-

cotic addiction all may direct the offender toward delinquency-tainted environments.

Environmental dislocation through migration to a place where the social order is more complicated may be a factor causing delinquency in susceptible women. The change is particularly distressing to persons under the handicap of inadequate vocational training, which in itself may be an important factor in the development of delinquency.

Finally, specific environmental factors—often it almost seems by action of a perverse fate—may give the final impetus to push into delinquency a woman ready for transgression. Such factors are of every type and variety, animate and inanimate. The presence of a knife or a gun or other lethal weapon lying at hand as the potential offender experiences a catastrophic episode of rage or fright may almost create the crime of murder or manslaughter. "Opportunity" in the way of inadequately protected funds or the key in an unguarded automobile may tempt beyond weak resistance. Or the specific environmental factor leading to crime may be the need of a beloved person, or anger at rejection or a feeling of hopeless inferiority arising from perhaps a trifling rebuff.

#### PATTERNS OF OFFENSES

Although each woman offender must be regarded as having particular elements of difference from all others, there are in general certain personality types and certain life-environmental situations which seem to be associated with certain patterns of offenses. The following typical examples are composed from numerous histories.

1. One pattern is that of an adolescent girl, usually of relatively low intellectual endowment and with feelings of rejection by her parents, in a rural environment. Unmarried, she becomes pregnant, leaves home for a more urban area, finds difficulty in self-support, then drifts into, successively, prostitution, narcotic addiction, and forgery, all over a period of years. The degree of intelligence, the degree of addiction, and the duration of delinquency are important in the outlook for freedom from delinquency following institutional training experience, but the prognosis generally is dubious.

2. Another adolescent girl, likewise from a rural environment, of good intellectual endowment, strong physically, encounters long-time stress in relationship to her parents, is rebellious, resentful, and non-conforming, and leaves home to encounter chance-met delinquent male companions with whom she participates in delinquent acts of violence, such as robbery. The prognosis may be favorable.

3. A middle-aged woman, married, divorced or widowed, who usually has served in some capacity on the fringes of medical practice during the earlier

part of her life, such as partial completion of nurses' training, work as a practical nurse in sanitarium, or graduation from office receptionist to a physician's assistant, then has chance encounter with the practice of abortion, and later proceeds to the operation of her own abortion practice. Her intellect level varies. The prognosis is very uncertain, and repeated practice of abortion the usual act in violation of parole.

4. The alcoholic check-writer, of the earlier or middle decades of life, whose variety is legion, whose early parental relationships may be marked by oversolicitude, and whose check-writing activity may initially be influenced by other delinquent persons. Backgrounds and personalities of persons in this group are considerably diverse, but characteristics are irresponsibility, lack of insight and easy optimism. The prognosis varies.

5. A middle-aged Negro of dull-to-average intellectual endowment, who has usually served in a humble occupational capacity and has lived under modest economic circumstances, who stabs or shoots her lover, or husband, or feminine rival in a quarrel in which alcohol plays a part, and who usually pleads guilty to manslaughter. The prognosis may be excellent or poor.

6. A youthful bookkeeper and secretary, of good intelligence, who has experienced a variety of stresses in her early family relationships, who possibly is considerably ambivalent toward the mother, who encounters temptation and opportunity through an employer whose methods of accounting may be inadequate or in some other similar fashion, and who then commits grand theft, often of large sums. Pressures involving gambling, relationship to men, or even of general family need, may be involved. The prognosis is uncertain to favorable.

7. An adolescent girl or youthful woman who reacts in terror to childbirth in an illegitimate pregnancy, and who soon thereafter kills the infant. Adequate parental support usually is lacking. The prognosis in the absence of major mental deficiency usually is favorable.

8. The young woman of average intelligence who, after early years of uncertainty and stress, acknowledges the presence of homosexual orientation, with perhaps the development of a homosexual relationship, and who, in a state of chaotic emotionality embarks upon repeated acts of delinquency, as forgery. The prognosis is poor for any early change.

9. A woman, youthful to middle-aged, who gives a history of prior severe head trauma or of encephalitis, together with long-time subsequent symptoms of impulsiveness, poor control, and repeated delinquent acts, often of a relatively minor type, but occa-

sionally of the greatest violence. The prognosis is poor.

10. A woman of youth, middle, or old age, whose offense is premeditated murder. The evaluation of these women does not lend itself to generality. Long-time and major stress usually is involved. The prognosis is favorable more often than not.

#### THE INSTITUTIONAL PROGRAM

The great majority of these offenders, and of others guilty of numerous additional offenses, whether those offenses be petty theft or murder in the first degree, are destined for ultimate release, and it is particularly for these women that the rehabilitative measures in institutional life should be planned and coordinated, from the very hour of initial admission.

The initial induction experience, with group meetings designed to acquaint the women with the general organization and purpose of the new environment, together with extensive personal studies, in itself constitutes a therapeutic measure of considerable import, with a strong influence toward personal reorientation and the directing of future activities toward achievement. Women offenders, like many others in the general population, often have no conception of the correctional institution as a rehabilitation center, and their anxiety, depression and personal disorganization are likely to be severest at the time of admission, owing to the trauma of the offense itself, the time in jail, the trial and the final sentence. The relief which comes with the realization of the treatment program is often followed by new hope and by at least an initial determination to succeed.

Through the group of personal studies, including sociological, vocational, religious, physical, psychological testing, and psychiatric, the woman as a functioning person can be evaluated and the apparent etiological factors in her delinquency recognized to some degree. Thereafter, ideally there is created an individualized program for each inmate, including the correction of remediable physical defects, formal education, vocational training, participation in inmate group activities and psychiatric treatment to the degree in which it is available.

It is obvious that psychiatric diagnosis and treatment can be of immense benefit to the inmate group, and that this phase of the treatment program profitably can be utilized to the degree seen in the best of private practice—a degree which is not remotely approached in many correctional institutions. Recognition of this need for psychiatric treatment, which has come with the increasing public acceptance of the value of psychiatry, is acknowledged every day by courts, judges, probation officers and

participating attorneys, even to the point that delinquent individuals sometimes are admitted to correctional institutions upon the major premise by the committing judge that only in this way will they be placed in a situation where adequate psychiatric aid will be available to them.

This admirable theoretical concept may, however, and often does far exceed the correctional institution's ability to fulfill, in view of the limited available psychiatric services.

The attitude and interest of the psychiatric department, or of the individual psychiatrist, is of first importance. Rejection of the "bug doctor" or of the "psych" will always be shown at first by some inmates, but if the emphasis is upon a permissive and friendly early relationship, without reference to the inmate as a "criminal," but instead with consideration of her assets and liabilities as a functioning human being who has failed in one phase of her social relationships, then it will be found that the inmate group not only will be receptive to the suggestion of psychiatric treatment but often voluntarily will seek it.

There is the additional observation that the total institutional program of living, properly oriented and directed, in itself becomes a therapeutic experience. The correctional officers in charge of particular groups of inmates in residence situations, the vocational instructors, the class-room teachers and all other institutional personnel, to degrees depending upon their personal characteristics and the closeness of contact with the inmate groups, become members of a therapeutic team, under the direction of the superintendent, whose philosophy, personal characteristics and total qualifications may considerably determine the therapeutic atmosphere of the entire institution.

The therapeutic influence of these various persons does not stem from direct counselling contracts (al-

though counselling is often an integral part of the particular activity, directly or indirectly) but more strongly from personal examples, through personal attitudes, beliefs, and virtues.

#### PAROLE

Parole, the period toward which the training program is presumably oriented from its inception, represents a time of trial in which more succeed than fail. The probability of parole success or failure is often predictable on the basis of the assets and liabilities of the person involved, as evaluated at the conclusion of her institutional stay. Sometimes the evaluation of a candidate for parole would seem to indicate almost certain failure. Yet the parole may be granted upon consideration of the degree of the offense, the limits of the imposed term or the very fact that the judgment of those concerned is not infallible.

Parole failure usually occurs through stress of forces similar to those which brought about the initial delinquency, although the specific offense may differ. Or violation of parole may come about through a variety of relatively minor acts of non-compliance. The amount and type of support given a parolee is vital in parole success—support such as can be given by interested relatives, by adequate financial resources or by satisfactory vocational placement.

Limitations of the parole staff often are extreme, by reason of budgetary considerations, in the face of a task which demands much.

Extensive parole activity of a psychiatric social-work type during the early months of parole could presumably avert parole failure in many cases in which the parolee is not quite adequate to making the transition from a regulated institutional life to an unregulated outside existence. The attitude of the community toward previously delinquent women often is inimical to success of parole.

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